

Remarks

The paragraphs of the Office action are responded to through the corresponding numbered paragraphs below. The applicant has addressed each issue in turn and, for clarity, has provided a heading for each issue.

*Claim Objections*

1. The Examiner objected to claim 5 because of a typographical informality. The applicant has requested that claim 5 be amended as suggested by the Examiner. Accordingly, the applicant respectfully requests withdrawal of this objection.

*Claim Rejections - 35 USC § 102*

The Examiner provided the citation to "35 U.S.C. § 102 that form the basis for the rejections under this section made in this Office action." The applicant believes that no specific response is required for this paragraph.

2. The Examiner rejected claim 1 "under 35 U.S.C. 102(b) as being anticipated by US Patent 4,237,344 to Moore." The applicant has requested that claim 1 be amended to more clearly point out the specific elements of the description of the problem used in determining the criticality value. The applicant's invention concerns the response to a call made to an emergency medical dispatcher. The criticality value is generated by the system based on specific scripted inquiries and responses. This system specifically the problem created by the Moore approach of the health care provided making a decision on the degree of medical response to the desired personnel, by providing a formal programmed approach for collecting the required information, generating a criticality or "determinate" value, using the criticality value to define the appropriate emergency medical response and for providing programmed instructions. By taking the determination of the criticality from the health care provider, the system of this invention eliminates the variability due to the different skills of the individual dispatchers and improves the accuracy and appropriateness of the patient interrogation and ultimate medical response. Moreover, Moore describes a health care coordinator, not a dispatcher, who receives a hospitalized patient's signal and reviews the patient's medical profile to make an independent decision on the degree of medical response required. The applicant, therefore, believes that claim 1, is not described or suggested by the cited, or any other known, reference. The applicant believes that this requested amendment is fully responsive to the rejection of this paragraph. The applicant respectfully requests reconsideration and withdrawal of this rejection.

*Claim Rejections - 35 USC § 103*

The Examiner provided the citation to "35 U.S.C. § 102 that form the basis for all obviousness rejections set forth in this Office action." The applicant believes that no specific response is required for this paragraph.

3-5. The Examiner rejected claims 2-8 "under 35 U.S.C 103(a) as being unpatentable over Moore." As noted above, the applicant has requested that claims 1 (on which claims 2-8 depend), be amended to more clearly point out the applicant's invention concerns the response to a call made to an emergency medical dispatcher. The criticality value is generated by the system based on specific scripted inquiries and responses. This system specifically the problem created by the Moore approach of the health care provided making a decision on the degree of medical response to the desired personnel, by providing a formal programmed approach for collecting the required information, generating a criticality or "determinate" value, using the criticality value to define the appropriate emergency medical response and for providing programmed instructions. By taking the determination of the criticality from the health care provider, the system of this invention eliminates the variability due to the different skills of the individual dispatchers and improves the accuracy and appropriateness of the patient interrogation and ultimate medical response. Moreover, Moore describes a health care coordinator, not a dispatcher, who receives a hospitalized patient's signal and reviews the patient's medical profile to make an independent decision on the degree of medical response required. The applicant, therefore, believes that claim 1, and therefore claims 2-8 because they depend on claim 1 and incorporate the limitations thereof, is not described or suggested by the cited, or any other known, reference. The applicant believes that this requested amendment is fully responsive to the rejection of this paragraph. The applicant respectfully requests reconsideration and withdrawal of this rejection.

#### *Conclusion*

6. The Examiner indicated that certain "prior art" is made of record and not relied upon. The applicant appreciates the Examiner's search and requests that these references be included in the cited references in this application.

7. The Examiner has provided information concerning communication and/or inquiries concerning this case. Applicant appreciates the Examiner's willingness to communicate and assist on this case and believes no response to this paragraph is necessary.

The applicant has requested that claims 1 and 5 be amended as described. Applicant believes that all issues and points of the Examiner's Office action have been

App. S/N: 09/685,697

AMENDMENT AND RESPONSE

Exr Sadiki P. Mwanyoha

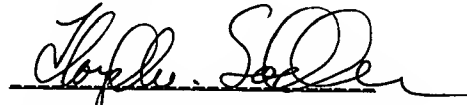
Filing Date: 10/09/2000

TO NON-FINAL OFFICE ACTION

Group Art Unit: 2642

addressed. Applicant believes that claims 1-8 are patentable over all known prior art. Applicant respectfully requests reconsideration and allowance of this application.

Respectfully submitted this 18th day of December, 2003.

A handwritten signature in black ink, appearing to read "Lloyd W. Sadler", is written over a horizontal line.

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